

**Georgia Department of Human Services
Division of Family & Children Services
TANF SUPPORT SERVICES CHECK REQUEST**

_____ COUNTY DFCS

DATE: _____

TO: REGIONAL ACCOUNTING: # _____

FROM: _____, TANF CASE MANAGER

MONTH/YEAR OF SERVICE: _____

AMOUNT: \$ _____

VENDOR/ADDRESS: _____

CUSTOMER SOCIAL SECURITY NUMBER: _____

PROGRAM NUMBER (UAS): _____

CUSTOMER/ADDRESS: _____

MAIL TO: CUSTOMER

VENDOR

MAIL TO DFCS OFFICE

FOR VENDOR PAYMENTS, PLEASE PRINT INVOICE NUMBER ON CHECK PAYMENT, IF INDICATED BELOW:
INVOICE#: _____

Service Month	Purpose of request:	Amount	Entitlement Code

527 TANF EMPLOYMENT SERVICES

- 16 RECIPIENT TRANS (\$350 MAX PER PARTICIPATN PER MONTH)-TANF EMPLOY SERV
- 21 ADULT EDUC/GED/TUITION-TANF EMPLOY SERV
- 22 OTHER TUITION-TANF EMPLOY SERV
- 26 RECIPIENT INCIDENTALS-TANF EMPLOY SERV
- 37 BOOKS/REG/TESTING-TANF EMPLOY SERV
- 38 REQUIRED WEARING APPARAL-TANF EMPLOY SERV
- 39 TOOLS/SUPPLIES (\$500 PER PARTICIPATION) -TANF EMPLOY SERV
- 40 OCCUP LIC FEES (\$300 PER PARTICIPATION) -TANF EMPLOY SERV
- 46 APPLICANT TRANS (\$5 PER DAY, \$350 MAX PER PARTICIPATION PER MONTH), -TANF EMPLOY SERV
- 66 APPLICANT INCIDENTAL-TANF EMPLOY SERV

528 WORK SUPPORT PAYMENTS/TRANSITIONAL SERVICES

- 14 TRANS SHELTER ASSISTANCE (ONE-TIME PAYMENT FOR ESSENTIAL UTILITY UP TO \$1500)
- 36 TSS RECIP TRANSPORT - WORK SUBSIDY
- 45 TSS RECIP INCIDENTAL- WORK SUBSIDY
- 48 TSS RECIP RENTAL DEPOSIT (ONE-TIME PAYMENT FOR PERM HOUSING UP TO \$1500)
- 55 TSS APPLICANT TRANSPORT (\$5 PER DAY, \$350 MAX PER PARTICIPATION PER MONTH) -WORK SUBSIDIES
- 59 EMPLYMT INTERVENTION SERV (ONE-TIME LUMP SUM EQUIV TO 4 TIMES MAX BENEFIT) -WORK SUBSIDIES
- 65 TSS APPLICANT INCIDENTAL-WORK SUBSIDIES
- 98 WORK SUPPORT PYMTS-\$200- WORK SUBSIDIES

UAS / Entitlement Description

ATTACH GATEWAY / SUCCESS SCREEN PRINTS: (ADDR, DEM1, AND ESSS)

CASE MANAGER'S SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE

CASE MANAGER'S PRINTED NAME

SUPERVISOR'S PRINTED NAME